0076 **ENHANCING SURGICAL TRAINING USING ENDOSCOPY LIST E-BOOKING SYSTEM**

Nicholas Faure Walker [1], Angus McNair [2], Rosemary Greenwood [1], Amanda Deale [1], Jane Blazeby [2]. [1] *University Hospitals Bristol NHS Foundation trust, Bristol, UK;* [1] *Surgical Research unit, University of Bristol, Bristol, UK*

Aims: The Royal College SAC requires endoscopy accreditation for gastrointestinal surgeons. Trainee work pattern changes make attendance at training lists difficult. This study evaluates the use of endoscopy training lists before and after the introduction of an electronic booking system.
Methods: Training lists were audited for 24 months in 2007/08 and for 4 months in 2010 after the introduction of the e-booking system. Utilisation was calculated as the number of 'points' used by trainees divided by the total points available for the lists. (Training lists have up to 16 points, whilst service lists up to 24. Gastroscopy, sigmoidoscopy, colonscopy, upper GI EUS, and ERCP confer 2, 4, 5 and 6 points respectively).
Results: In 2007/08, 12 trainees performed 677 procedures (1858 points). 47.0% was on training lists. Training lists were 17.7% utilised (95% CI 16.6%-18.8%). In 2010, 10 trainees performed 276 procedures (766 points). 65.0% were on training lists. The lists were 61.0% utilised in 2010 (95% CI 57.6%-64.4%). The most significant improvements were in upper GI and medical training lists.
Conclusions: Significant improvement in training list utilisation was evident after implementation of the e-booking system. Such systems may aid surgical training within modern work patterns.

0077 **INVESTIGATION OF PLASMA LYSOZYME AS A PUTATIVE BIOMARKER IN CAROTID ATHEROSCLEROSIS**

Joseph Shalhoub, Zeeshan Malik, Vahitha Abdul-Salam, Robert Edwards, Alun Davies. *Imperial College London, London, UK*

Introduction: We have demonstrated a relationship between arterial plasma lysozyme levels and extent of coronary artery disease, identifying lysozyme as an atherosclerotic burden biomarker. This study aimed to determine whether arterial plasma lysozyme is able to distinguish symptomatic from asymptomatic carotid atherosclerosis.
Method: Arterial (n=54) and venous (n=28) plasma samples were collected from patients pre-carotid endarterectomy for asymptomatic (n=29) and symptomatic (n=25) carotid stenosis. Carotid plaque specimens were obtained (n=7). Venous plasma was collected from individuals without carotid stenosis (n=13). Plasma lysozyme levels were determined by ELISA (Biomedical Technologies, Mass).
Results: There was no significant difference in the sum of carotid stenoses or proportion of patients with known ischaemic heart disease between the asymptomatic and symptomatic groups. Venous plasma lysozyme levels were significantly higher in patients with carotid stenosis than individuals without (mean 5.110μg/mL vs. 1.273μg/mL, $p<0.0001$). Arterial plasma lysozyme levels were higher in patients with carotid stenosis than in a control group of patients with normal coronary angiograms (n=81) (median 6.496μg/mL vs. 1.260μg/mL, $p<0.0001$). Arterial plasma lysozyme levels were higher in patients with symptomatic than asymptomatic carotid stenosis (median 10.38μg/mL vs. 5.149μg/mL, p=0.0161).
Conclusion: The role of lysozyme in carotid atherosclerosis risk stratification warrants further investigation.

0081 **BARIATRIC TRAINING IN THE UK IS SORTED!**

Simon Monkhouse [1], Laura Beard [1], Emma L. Court [2]. [1] *Gloucestershire Royal Hospital, Gloucester, UK;* [1] *Southampton General Hospital, Southampton, UK*

Background: Bariatric training has traditionally been at consultant level. Consequently, consultants are still often on their learning curve thus reducing "hands on " training for registrars. A new way of training the next generation is required.
Methods: SORTED (Surgery for Obesity; Registrar Training and Educational Development) was designed by a registrar with industry sponsorship specifically for senior registrars. It is a modular course encompassing all aspects of bariatric surgery, not just the operative procedures:
Module 1 (Hamburg, Germany) - State of the art simulators, porcine prosections with pulsed perfusion liquids and live animal operating. Procedures practiced included band insertion, removal of gastric band, sleeve gastrectomy and Roux-en-Y gastric bypass.
Module 2 (Bristol, UK) - Live links to theatre with supervised hands on experience with gastric banding. Live MDT exposure, radiology tutorials, live patient testimonials and Q&A sessions.
Module 3 (Taunton, UK) - Live links to theatre to observe, banding, bypasses, and revisional VBG to bypass surgery. Delegate presentations covering core curriculum topics, introduction to the National Bariatric Surgery Registry, basics of commissioning.
Summary: The pilot SORTED course was a huge success and is now being rolled out nationally with full endorsement of the Association of Laparoscopic Surgeons.

0083 **SYSTEMATIC REVIEW OF CLINICAL EFFECTIVENESS OF ALLOPURINOL IN TREATING GOUT, COMPARED TO FEBUXOSTAT, AMONG PATIENTS WITH CONFIRMED DIAGNOSIS OF GOUT**

Ibrahim Bala Zurmi [1], Imran Haruna Abdulkareem [2], C. Carroll [3]. [1] *University of Sheffield, Sheffield, South Yorkshire, UK;* [1] *Weston General Hospital, Weston-super-mare, North Somerset, UK;* [1] *University of Sheffield, Sheffield, South Yorkshire, UK*

Introduction: Gout is a disorder of urate metabolism characterised by hyperuricaemia/crystal deposition. Successful treatment depends on maintenance of plasma urate levels. Allopurinol is a direct inhibitor of xanthine oxidase (XO), Febuxostat acts through non-competitive blockage of the active site of XO.
Aim: To evaluate clinical effectiveness of allopurinol in reducing serum urate levels/tophi size among patients with confirmed diagnosis of gout.
Methods: 370 references, 27 relevant to the review question, 7 met the inclusion criteria (5 RCTs, 1 Cohort, & 1 Economic Evaluation Study), comparing allopurinol alone or with other drugs and placebo. These criteria are confirmed diagnosis of gout, use of allopurinol, use of placebo, and reduction in serum urate levels, tophi size and adverse effects. Databases: CINHAL, Web of knowledge, Cochrane central, Embase, Medline, Scopus, NHS EED.
Results: Meta-analysis demonstrated statistically significant reduction in serum urate levels and tophi size, in favour of febuxostat 80mg compared to allopurinol 300mg.
References: 1. Becker MA, et al. Febuxostat compared with allopurinol in patients with hyperuricemia and gout. N Engl J Med 2005; 353:2450-61 2. Schumacher HR Jr, et al. Effects of febuxostat vs allopurinol and placebo in reducing serum urate in subjects with hyperuricemia and gout: a 28-week phase III double-blind, parallel-group trial. Arthritis Rheum 2008; 59:1540-8.

0087 **AN AUDIT OF MEDIUM TERM RESULTS AFTER MODIFIED KARYDAKIS OPERATION: SUITABILITY AS A DAY-CASE PROCEDURE**

Emma L. Court [1], Maisam Z. Fazel [2], Mike J. DworkinBandipalyam [2], V. Praveen [2]. [1] *Department of Paediatric Surgery, Southampton General Hospital, Southampton, UK;* [1] *Department of Surgery, Southend University Hospital NHS Foundation Trust, Westcliff-on-Sea, Essex, UK*

Aims: The commonest treatment for pilonidal abscess is incision and drainage, but recurrence ranges from 21 - 55%, suggesting this is seldom a long-term solution. We describe our experience with a modified Karydakis procedure in surgical treatment of pilonidal disease.
Methods: Seventy-two patients who underwent a modified Karydakis procedure performed by a single surgical firm over a 6 year period were identified from theatre logs and the clinical notes scrutinised.
Results: Immediate post-operative course was uneventful in 70 cases, with 2 patients requiring wound care. Duration of hospital stay ranged from day-stay in 39/42 day-case procedures, overnight-stay in 16/30 in-patient cases, with mean stay for the remaining 14 cases of 4 days (range 2-6 days). Median time off work was 3 weeks, with regular analgesia required most frequently for 7 days. At 4 week follow-up, 4 patients received antibiotics. At clinic discharge, 68 patients were asymptomatic. There was 1 recurrence, 20 months post-operatively. Sixty-seven patients participated in telephone follow-up, ranging from 2 - 52 months post- clinic discharge. Of these, 64 remained asymptomatic.